# Psychosocial Correlates of Mental Health of Elders in India.

**A Synopsis**

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*"Successful ageing is not the absence of problems, but the presence of resilience, purpose, and social connectedness"* – (Rowe & Kahn,1998)

The ageing of the global population is one of the significant demographic transitions of the 21st century. According to the WHO (2021), the number of people aged 60 years and above is expected to increase from 1 billion in 2020 to 2.1 billion by 2050, with the majority residing in low and middle-income nations. This demographic shift poses profound implications for public health, social structures, and economic systems, especially with regard to elderly people's mental health and general wellbeing.

India is undergoing a demographic transformation marked by a steady rise in the elderly population. The 2011 Population Census estimates that India has approximately 104 million elderly people (those 60 years of age or over). Projections indicate that the figure will grow to 173 million by 2026 (UNPF & Help Age India, 2012). Alongside this increase, the old age dependency ratio which reflects the burden placed on the working age population to support the elderly has also risen significantly. From 10.9% in 1961, the ratio climbed to 14.2% in 2011 and is projected to reach 15.7% in 2021 and 20.1% in 2031 for India as a whole. These statistics highlight that ageing in India much like the global scenario is not only a demographic concern but also a pressing psychosocial issue. The World Report on Ageing and Health (WHO, 2015) emphasizes that increased longevity must be accompanied not only by the reduction of disease and disability but also by the fostering the general wellbeing, resilience, and overall QoL in later years.

Theories of aging posits that continued engagement in social, physical and cognitive activities enhances life satisfaction and psychological wellbeing in late adulthood (Havighurst, 1963). The socioemotional selectivity theory highlights that people prioritize emotionally important goals and relationships above larger social networks as they get older and feel that their time is running out (Carstensen, 1999). Older individuals often face multiple adversities due to cognitive and physical impairments, which worsen with advancing age (World Health Organization, 2015). Apart from their physical health problems, they are also vulnerable to social isolation, loneliness, loss and grief (Hashim et al., 2013; Landeiro et al., 2017). The continuity hypothesis lends credence to this perspective, arguing that people mature more successfully when they continue to use coping strategies, relationships, and behavioral patterns that they established

early in life (Atchley, 1989). When combined, these ideas emphasize the value of continuity, activity, and emotionally meaningful connections in supporting the overall wellbeing of older people. As the world's population ages quickly, it is especially essential to understand the impact of different living arrangements on psychological health in order to develop policies and plan for care (Amridi & Vimala, 2024). Elderly people in both contexts are impacted by multi domain risk factors, such as biological factors (chronic diseases, cognitive decline), socioeconomic factors (income, education), and psychological aspects (loneliness, isolation) (Chen et al., 2023).

Research indicates that elderly living with families face distinct risk factors for mental health deterioration. Studies indicate that one third of persons aged 60 and above who live in the community suffer from loneliness, and 50% of them are at risk of social isolation (Susanto, 2024). Critical risk factors include retirement, widowhood, declining health, and mobility limitations (Bajabir et al., 2024). The risk profiles of elderly people receiving old age home care facilities varies significantly. According to thorough research of 216 senior citizens living in assisted living facilities, the prevalence of anxiety was 8.8% and depression was 74.5% (Suwal et al., 2024). Gender, marital status, chronic illness, stress levels, and housing facility type are important risk factors in old age homes (Suwal et al., 2024). Elderly people living in old age homes exhibit much greater levels of social isolation and despair than do elderly people living with their families (Yongmei, 2024). Research has shown that elder people living with their families typically have better mental health outcomes and live longer than those who live in assisted living facilities (Lotfizadeh et al., 2023). This disparity is explained by the emotional support and stability which are frequently absent in old age home care facilities (Ren et al., 2025).

**Mental Health**

Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001)

Mental health in older people is widely acknowledged as an essential component of healthy aging, closely linked to their general wellbeing, social functioning, and QoL. The World Health Organization's 2013 theme, "Mental Health and Well-Being of Older People," emphasized that a number of important factors impact mental health in later life. These factors include promoting long term care approaches that prioritize psychological wellbeing, integrating mental health treatments into primary care, and raising awareness and knowledge of mental health among the

elderly. These themes emphasize that older adults face underdiagnosed and undertreated illnesses like depression, anxiety, loneliness, and cognitive decline in addition to their physical health risks (Graham et al., 2003; WHO, 2013).

Hawkley and Capitanio (2015) highlights that poor mental health is linked with decreased psychological wellbeing, less resilience, and heightened susceptibility to physical illness. The relationship between psychosocial and biological pathways is highlighted by the finding that loneliness and social isolation are particularly significant predictors of depression and cognitive impairment (Cacioppo & Cacioppo, 2018; Dahlberg et al., 2022). Elderly individuals living with families often report higher mental health than those residing in old age homes (Priya et al., 2019).

However, other academics contest the notion that family care invariably results in superior outcomes, arguing that well-resourced care facilities that offer structured social activities can reduce isolation and improve mental health (Victor et al., 2021). Despite these insights, the stigma associated with aging and mental illness continues to be a worldwide obstacle that prevents older persons from getting treatment and restricts the scope of policy interventions (Graham et al., 2003). Together, these results highlight how social, cultural, and institutional elements interact to affect the wellbeing of elder people and how WHO's paradigm is still useful for directing practice and policy.

**Resilience**

It is defined as the ability to adapt successfully in the face of challenges. It is a process of positive adaptation that helps preserve or restore psychological wellbeing (Smith et al., 2008). Resilience serves as a motivator and promotes the healthy lifestyle choices that lead to a happy existence as one matures. Research indicates that stronger resilience is linked with reduced depressive symptoms and higher level of satisfaction with life (Rodrigues et al., 2021; Zafari et al., 2023). Furthermore, longitudinal researches demonstrate that resilience mitigates the adverse impacts of frailty and health decline, protecting older adults from significant decreases in mental health outcomes (Morete et al., 2019; Ye et al., 2024). Additionally, resilience appears to enhance psychological wellbeing by promoting social participation and independence in daily based activities (Saez-Sanz et al., 2025).

Resilience ability in elderlies may also be influenced by their environment. Resilience in relation to living arrangements has been compared between older persons living with family and those who live in old age homes. Several studies indicates that elderly individuals living with

families have greater resilience as comparative to elderlies living in old age homes (Bauer & Park, 2010; Cheung & Kam, 2012; Azeem & Naz, 2015).

However, studies also indicates that even in the face of chronic sickness and bereavement, a significant percentage of residents in old age home facilities exhibit resilient reactions where resilience is linked to social bonds and the absence of loneliness (Angevaare et al., 2023; Ye et al., 2024). These studies disprove the idea that living in old age home invariably reduces psychological flexibility. In community-based studies, lifestyle factors such as exercise, spirituality, and large social networks are often found to act as mediators between resilience and better mental health (da Silva-Sauer et al., 2025; Saez-Sanz et al., 2025). A common thread among these works is that (a) social resources and participation are essential for resilience (b) resilience is consistently linked with improved mental and physical health and (c) resilience is associated with happier moods and better outcomes.

**Social Support**

It refers to both the actual assistance provided by others and the perception that such care and concern are available, fostering a sense of connection and belonging within a supportive network. It consists of physical assistance, emotional support, and guidance from friends, family, or significant others, all of which aid in stress management and psychological wellbeing (Taylor, 2011; Antony et al., 2023). High perceived social support has been linked with higher life satisfaction, better coping with age related stressors, and a decrease in depressive symptoms (Taylor, 2011; Upasen et al., 2024). Kwag et al. (2011) found that elderlies who have emotionally supportive friends and family are more likely to be mentally healthy and have less mental health issues, including despair and anxiety. This is consistent with the stress buffering hypothesis, which holds that social support prevents the harmful effects of stress and hence enhances the mental health (Cohen & Wills, 1985).

However, other research suggests that assisted living facilities with staff and peer support could promote social interaction to make up for the lack of familial relationships (Wenger, 1997; Smetana, 2019). Although most people agree that social support improves psychological wellness, there are still differing views on its relative sources and efficacy. While some academics contend that the most important element influencing the wellbeing of the elderly is family support (Chou & Chi, 2002), others point out that peer and community support can be just as helpful in old age homes.

**Life Attitude**

It is a psychological measure that evaluates an individual's orientation toward meaning and purpose in life. It reflects one's orientation toward life through dimensions such as purpose, coherence, responsibility, openness to death, and search for future goals. Life may be regarded as meaningful when they are perceived to have purpose, coherence that surpasses chaos, or significance beyond the trivial or transient (Kings et al., 2006).

In older populations, a positive life attitude that encompasses meaning, purpose, and values has been repeatedly linked to improved psychological and mental health. A strong sense of purpose is linked with reduced levels of existential distress, higher resilience and life satisfaction (Reker, 1992; Steger et al., 2021; Kim et al., 2022). Consequently, it has been found that purpose driven therapies like values based behavioral activation, meaning centered therapy, and life review therapy, enhance wellbeing in later life (Breitbart et al., 2018; Vos et al., 2019).

Research has revealed significant variations in life attitudes and psychological effects among older adults living in different living arrangements. Compared to those living in nursing homes or other old age facilities, older people who live with families typically report higher QoL, more meaning in life, and less anxiety symptoms (Kane et al., 2017; Subramaniam et al., 2019). Nevertheless, these inconsistencies continue to exist in the literature. Some scholars contend that institutionalization itself worsens psychological wellbeing and life attitude (Hsu & Shyu, 2003), while others maintain that selection bias is primarily to blame for the disparities because older people who are frail and less healthy are more likely to enter nursing homes (Kane et al., 2017).

Research consistently indicates that social resources and health account for a sizable portion of the difference in life views and meaning. While social support and role involvement act as a buffer against psychological decline, physical weakness and cognitive impairment are consistently linked to reduced sense of purpose and higher existential anguish (Van der Putten et al., 2020; Dong et al., 2023). Consequently, there is continuous scientific discussion over the ways in which living circumstances and life perspectives combine to impact mental health, even though the protective effect of meaning and purpose is generally accepted.

**Spiritual Well-Being**

Spiritual wellbeing reflects how a person feels about the purpose, meaning, and connection in their lives. A recent research area demonstrates the substantial impact of spiritual practices and beliefs on psychological wellbeing (Kror et al., 2023). Older people often find that faith is an important

mechanism for coping with challenges such as physical decline, grief, and the complications of aging. By giving individuals with a feeling of value, worth and belonging, it enhances their overall quality of life (Human Care NY 2025; The Supportive Care 2025).

According to Stelcer et al. (2023), Spirituality has a positive relationship with mental health, as people who are spiritual feel satisfied and are less anxious and depressed. As spirituality contributes to strong emotional stability and resilience in later life, it is one of the components receiving more attention for inclusion in mental health approaches targeted to the elderly (Siddiqui et al., 2019). But there are differences in opinion on the role of spirituality in highlighting needs relating to mental health of elderly people. Critics often express fear around spiritual beliefs being opposed to medical advice or having moral implications for mental health, and making treatment decisions more complicated (Lee, 2025). These studies underscore the importance of incorporating spirituality into the mental health care of older adults, as doing so improves mental health outcomes.

**Health Perception**

In the present study health perception is operationally defined through self-perceptions of physical condition and overall wellness assessed using the health perception questionnaire (HPQ) (Ware, 1976). The HPQ assess the subjective assessments of one's current health status, resistance to illness as well as perceived ability to carry out daily functions in life. Although the benefits of physical exercise for elder people have been linked to its impacts on physical function, there is emerging evidence that it also has significant effects on PWB. The commonly held notion that physical activity is associated to psychological wellbeing is assisted by mounting proof, and various researches highlights that it can prevent neurodegenerative illnesses or depression (Rovio et al., 2005; Kim et al., 2022).

When comparing elder people in different residential settings a consistent pattern appears in cross sectional and different longitudinal studies that residents of nursing homes and other old age facilities tend to have worse physical health and, on average, report higher depressive symptoms, lower quality of life, and a lower sense of purpose in life than their peers who live in the community (Kane et al., 2017; Van der Putten et al., 2020). Researchers also emphasize that elders who move into old age home care facilities are, on average, sicker and more functionally limited, and therefore already at higher risk for psychological problems prior to admission (Kane et al., 2017). Others contend that institutionalization itself can cause mental health problems by

reducing environmental continuity, disrupting routines, and causing loss of autonomy (Hsu & Shyu, 2003).

**Loneliness**

It represents feelings of isolation, lack of companionship, and perceived inadequacy of one's social network, rather than the actual absence of others (Perlman & Peplau, 1981). Loneliness is conceptually different from solitude since it is an undesirable state linked to emotional distress, a decline in psychological wellbeing, and an increased susceptibility to mental health problems such as anxiety, isolation and depression (Hawkley & Cacioppo, 2010).

Loneliness in older persons has been linked to increased rates of anxiety, poor sleep, poor health, reduced life satisfaction, and increased risks for morbidity and mortality (Luanaigh & Lawlor, 2008; Holt Lunstad et al., 2015; Donovan & Blazer, 2020). Research shows that compared to elders living with family, old age home residents experience higher levels of loneliness and worse mental health on average. These disparities are frequently partially explained by the higher rates of multimorbidity, functional impairment, cognitive decline, and sensory loss among care facility residents (Prieto-Flores et al., 2011; Drageset et al., 2013; Van der Putten et al., 2020). However, research consistently highlights that the quality of relationships, perceived autonomy, opportunities for meaningful engagement, staff continuity, and the cultural importance of family care all influence loneliness and psychological wellbeing outcomes (Drageset et al., 2013; Verbeek et al., 2016).

These recurring findings demonstrate the complex relationship between emotional and social aspects of loneliness, but there are still unanswered questions about whether the facilities in old age homes increase loneliness or whether subjective assessments of social support and quality of care have a bigger impact (Victor et al., 2021). These discrepancies highlight that more research is required to provide a more nuanced knowledge of loneliness and how it affects the welfare of elder populations.

**Rationale**

Mental Health and aging play a major role in the QoL for India's elderly population. Mental health conditions like depression, anxiety, loneliness affect 15-20% of the elderly population (WHO, 2021). However, these conditions are not only influenced by clinical conditions but the complex interplay of psychosocial, spiritual and health related elements also plays an equally important role. Identifying common mental health issues such as depression, anxiety, loneliness is important

for designing interventions that promote successful aging among the elderly and improve their QoL.

Understanding the psychosocial correlates of mental health is important due to the combined effects of rapid urbanization, migration, and changes in family structure. This culture shift makes it crucial to compare the psychosocial aspects of elders living with families and elders living in old age homes. They often struggle with a range of problems, including loneliness, cognitive decline, and inadequate family support, which strongly influence the elderly's experience of aging (Kumar & Pradhan, 2020). Elderly people living with families may benefit from intergenerational bonding and perceived social support, while those in care facilities may benefit from the company of peers and the amenities of nursing homes (Srivastava, 2020). In the Indian context, research has produced inconclusive results. Some studies suggest that older people in families have better health (Amonkar et al., 2018), while others emphasize that there is no significant difference in overall QoL between these living arrangements (Soni et al., 2024).

This study examines the factors that influence the mental health of elders living with families and those living in old age homes. This approach is significant because it highlights the psychological dynamics and risk profiles present in each situation. Additionally, by methodically analyzing the manner in which various living arrangements affect mental health, it contributes a substantial theoretical dimension. Findings are also expected to produce evidence-based insights that serve as a basis for culturally appropriate interventions, focused public campaigns and guide successful policy reforms.

**Objectives**

**1.**To study the relationship between perceived social support and mental health of elders.

**2.**To study the relationship between loneliness and mental health of elders.

**3**.To study the relationship between life attitude and mental health of elders.

**4**.To study the relationship between health perception and mental health of elders.

**5.**To investigate the relationship between spiritual wellbeing and mental health of elders.

**6.**To investigate the relationship between resilience and mental health of elders.

**7.**To assess the difference in mental health between elderlies living with families and living in old age homes.

**8.**To measure the difference in perceived social support between elderlies residing with families and living in old age homes.

**9.**To measure the difference in resilience between elderlies residing with families and living in old age homes.

**10**.To assess the difference in spiritual wellbeing between elderlies living with families and living in old age homes.

**11**.To assess the difference in life attitude between elderlies living with families and living in old age homes.

**12.**To assess the difference in health perception between elderlies living with families and living in old age homes.

**13.**To assess the difference in loneliness between elderlies living with families and living in old age homes.

**Hypotheses**

**H1:** Perceived Social support will have a significant relationship with the mental health of elders.

**H2:** Loneliness will have a significant relationship with the mental health of elders.

**H3:** Life attitude will have a significant relationship with the mental health of elders.

**H4:** Health Perception will have a significant relationship with the mental health of elders.

**H5:** Spiritual Wellbeing will have a significant relationship with the mental health of elders.

**H6:** Resilience will have a significant relationship with the mental health of elders.

**H7:** Mental health will significantly differ between elderlies living with families and those in old age homes.

**H8:** Perceived Social support will significantly differ between elderlies living with families and those in old age homes.

**H9:** Resilience will significantly differ between elderlies living with families and those residing in old age homes.

**H10:** Spiritual wellbeing will significantly differ between elderlies residing with families and in old age homes.

**H11:** Life attitude will significantly differ between elderlies residing with families and those in old age homes.

**H12:** Health perception will significantly differ between elderlies residing in families and those in old age homes.

**H13:** Loneliness will significantly differ between elderlies residing with families and those in old-age homes.

## Research Method

### Sample

The target population for the study will be elders aged 60 years and above. The sample will consist of 400 participants, with 200 residing with their families and 200 residing in old age homes**.** Using G*Power software, an a priori power analysis was performed to ascertain the study's minimum sample size. A sample of 210 people would be sufficient to attain enough statistical power at $\alpha = 0.05$, according to the analysis. The study used a higher sample size of 400 individuals in order to increase generalizability, account for potential dropouts, and make the results more reliable.

### Inclusion Criteria:

- Age 60 years and above
- Elders living with families
- Elders living in old-age home ≥ 6 months
- Can read/write Hindi/ English

### Exclusion Criteria:

- Participants having any severe psychiatric ailment.
- Residing in old age home for less than 6 months.
- Can not read/write Hindi/ English

### Tools

#### Brief Resilience Scale (BRS) (Smith et al., 2008)

The scale consists of 6 items with 5 alternative responses from strongly disagree to strongly agree. It measures an individual's ability to recover or bounce back from stress. The BRS has shown good internal consistency and test-retest reliability ($\alpha = 0.80–0.91$). It has also been widely used in studies of aging, health, and mental health.

#### Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

It measures the perceived social support of individuals. With seven possible answers ranging from strongly disagree to strongly agree, it has twelve items. For every source, it offers subscale scores

in addition to the overall support score. Its high reliability has been confirmed in older adult populations, with Cronbach's α frequently above 0.85.

**Life Attitude Profile- Revised (LAP-R) (Reker,1992)**

The scale consists of 48 items with 7 alternative responses ranging from strongly disagree to strongly agree. It assesses aspects including existential emptiness, choice or responsibility, coherence, acceptance of death, and meaning. The LAP-R scale comprises six subscales, including purpose in life, coherence, choice/responsibility, acceptance of death, existential vacuum, and goal seeking, in addition to two composite scores (Personal Meaning Index & Existential Transcendence). The range of the coefficient of internal consistency is 0.77 to 0.91.

**Multidimensional Inventory for Religious/Spiritual Well-Being-Short Form (Unterrainer & Kapfhammer, 2013)**

It's a self-report tool which assess several facets of religious and spiritual wellbeing. Its 12 items are scored using a 6-point Likert scale, where 1 represents strongly disagree and 6 represents strongly agree. There are three items on each subscale. The total score of Religious/Spiritual Well-Being (RSWB) is represented by the subscales of General Religiosity (GR), Connectedness (CO), Forgiveness (FO), and Hope (HO) when taken simultaneously. With a range of.77 to.92 across all parameters, Cronbach's α indicates good reliability.

**Health Perception Questionnaire (HPQ) (Ware, 1976)**

The Health Perception Questionnaire is a self-report tool developed by ware (1976) to measure the subjective assessments of health. It places more emphasis on an individual's attitudes and opinions about health than on their objective medical status. Measures include present health state, health perspective, sickness orientation, and resistance to illness. It has about 33 items, all of which are rated on a Likert-type scale.

**Mental health continuum short form (Keyes, 2009)**

It consists of 14 items with six alternative responses from never to every day. This scale assesses psychological, emotional, and social well-being of the individuals. Out of fourteen items three

items assess emotional well-being, six items assess PWB, and five items are dedicated to the assessment of social well-being. The internal consistency of the scale is more than 0.80.

**Scale of Loneliness (SoLo) (Williams et al., 2023)**

The scale consists of 10 items with six alternative responses from “very untrue of me” to “very true of me”. The total score ranges from 0 to 50. Total score is calculated by a sum of all items. The reliability coefficient is 0.950 & test-retest reliability of scale is 0.847.

**Procedure**

After finalizing the sample, the data will be collected from the elderlies residing with their families and elderlies residing in old age homes by administering the assessment tools. The data will be analyzed with the help of appropriate statistical tools.

**Statistical Analysis:**

After the collection of data, descriptive statistics and inferential statistics (Central tendency, Standard deviation, Pearson Correlation, and Anova test) will be used in statistical analysis.

## References


Amonkar, P., Mankar, M., Thatkar, P., Sawardekar, P., Goel, R., & Anjenaya, S. (2018). A comparative study of health status and quality of life of elderly people living in old age homes and within family setup in Raigad District, Maharashtra. *Indian Journal of Community Medicine, 43*(1), 10–14. https://doi.org/10.4103/ijcm.IJCM_101_17

Amridi, R., & Vimala, M. (2024). Depression, quality of life, and cognitive abilities among older adults. *World Journal of Advanced Research and Reviews*. https://doi.org/10.30574/wjarr.2024.22.2.1541

Antony, S., et al. (2023). Perceived social support, loneliness, and depression among elderly living in old-age homes. *Archives of Psychology, 50*(1). Retrieved from https://archivespsy.com/menu-script/index.php/ACF/article/view/2006

Angevaare, M. J., Joling, K. J., Smalbrugge, M., Choi, H., Twisk, J. W. R., Hertogh, C. M. P. M., & van Hout, H. P. J. (2023). Psychological resilience in older residents of long-term care facilities: Occurrence and associated factors. *Journal of the American Medical Directors Association, 24*(3), 382–389.e4. https://doi.org/10.1016/j.jamda.2022.12.006

Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist, 29*(2), 183–190. https://doi.org/10.1093/geront/29.2.183

Azeem, F., & Naz, A. M. (2015). Resilience, death, anxiety, and depression among institutionalized and non-institutionalized elderly. *Pakistan Journal of Psychological Research*, 30(1), 111-130.

Bajabir, D. K., Haggi, S. M., Alruwaili, A. A., Alghamdi, M. A., Alkhalifa, R. O., Abusallama, A. A., & Habash, N. S. (2024). Social Isolation in Older Adults and its Effect on their Well-Being. Journal of Healthcare Sciences. https://doi.org/10.52533/johs.2024.41232

Bauer. J., & Park, S. W. (2010). Growth is not just for the young: Growth narratives, eudaimonic resilience, and the aging self. In P. S. Fry & C. L. M. Keyes (Eds.), New frontiers in resilient aging: Life strengths and well-being in late life (pp. 60-89). Cambridge, UK: Cambridge University Press.

Breitbart, W., Poppito, S., Rosenfeld, B., Vickers, A. J., Li, Y., Abbey, J., … Olden, M. (2018). Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. *Journal of Clinical Oncology, 36*(23), 2422–2432. https://doi.org/10.1200/JCO.2018.78.7226

Cacioppo, S., & Cacioppo, J. T. (2018). The growing problem of loneliness. *The Lancet, 391*(10119), 426. https://doi.org/10.1016/S0140-6736(18)30142-9

Cameron, N., Rayner, J., Fetherstonhaugh, D., & McAuliffe, L. (2024). What is needed to provide high-quality cultural and spiritual care in long-term care homes? *Journal of Long-Term Care*, 2024(3), 371–382. https://doi.org/10.31389/jltc.285

Carstensen, L. L. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist, 54*(3), 165–181. https://doi.org/10.1037/0003-066X.54.3.165

Census of India. (2011). *C-13 single year age returns by residence and sex*. Office of the Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India. Retrieved from https://censusindia.gov.in

Chao, S. F. (2011). Functional disability and psychological well-being in later life: Does source of support matter? *Aging & Mental Health, 15*(3), 326–336. https://doi.org/10.1080/13607863.2010.519325

Chen, M., Cao, X., Wang, A., Zhu, Y., Lu, G., Zhang, L., & Shen, L. (2023). A global perspective on risk factors for social isolation in community-dwelling older adults: A systematic review

and meta-analysis. Archives of Gerontology and Geriatrics. https://doi.org/10.1016/j.archger.2023.105211

Chou, K. L., & Chi, I. (2002). Successful aging among the young-old, old-old, and oldest-old Chinese. *International Journal of Aging & Human Development, 54*(1), 1–14. https://doi.org/10.2190/5TAE-9CBP-HK2U-HXAL

Cheung, C. K., & Kam, P. K. (2012). Resiliency in older Hong Kong Chinese: Using the grounded theory approach to reveal social and spiritual conditions. Journal of Aging Studies, 26, 355-367. doi:10.1016/ jaging.2012.03.004

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Da Silva-Sauer, L., Costa-Fernandes, M., de Oliveira Ferreira, B., & Fernández-Calvo, B. (2025). Resilience and mental health in community-dwelling older adults: Testing the moderation model of physical activity and religiosity. *Applied Research in Quality of Life, 20*, 1257–1272. https://doi.org/10.1007/s11482-025-10470-w

Dahlberg, L., Agahi, N., & Lennartsson, C. (2022). Lonelier than ever? Loneliness of older people over two decades. *Archives of Gerontology and Geriatrics, 99,* 104606. https://doi.org/10.1016/j.archger.2021.104606

Dong, X., Simon, M. A., Rajan, K. B., & Evans, D. A. (2023). Frailty, meaning in life, and psychological well-being among older adults in nursing homes. *Journal of Aging and Health, 35*(1), 3–21. https://doi.org/10.1177/08982643221095872

Donovan, N. J., & Blazer, D. (2020). Social isolation and loneliness in older adults: Review and commentary of a National Academies report. *The American Journal of Geriatric Psychiatry, 28*(12), 1233–1244. https://doi.org/10.1016/j.jagp.2020.08.005

Drageset, J., Eide, G. E., & Ranhoff, A. H. (2013). The impact of social support and sense of coherence on health-related quality of life among nursing home residents—a questionnaire survey in Bergen, Norway. *Journal of Clinical Nursing, 22*(21–22), 3512–3521. https://doi.org/10.1111/jocn.12372

Graham, N., Lindesay, J., Katona, C., Bertolote, J. M., Camus, V., Copeland, J. R. M., De Mendonça Lima, C. A., Gaillard, M., Nargeot, M. C. G., Gray, J., Jacobsson, L., Kingma, M., Kühne, N., O'Loughlin, A., Rutz, W., Saraceno, B., Taintor, Z., & Wancata, J. (2003). Reducing stigma and discrimination against older people with mental disorders: a technical consensus statement. *International Journal of Geriatric Psychiatry*, *18*(8), 670–678. https://doi.org/10.1002/gps.876

Gupta, R., & Pillai, V. K. (2002). Elder care giving in South-Asian families: Implications for social service. *Journal of Comparative Family Studies, 33*(4), 565–576. https://doi.org/10.3138/jcfs.33.4.565

Hashim, S. M., Eng, T. C., Tohit, N., & Wahab, S. (2013). Bereavement in the elderly: The role of primary care. *Mental Health in Family Medicine*, 10(3), 159–162.

Havighurst, R. J. (1963). Successful aging. In R. H. Williams, C. Tibbitts, & W. Donahue (Eds.), Processes of aging: Social and psychological perspectives (Vol. 1, pp. 299–320). Atherton Press.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218–227. https://doi.org/10.1007/s12160-010-9210-8

Hawkley, L. C., & Capitanio, J. P. (2015). Perceived social isolation, evolutionary fitness and health outcomes: A lifespan approach. *Philosophical Transactions of the Royal Society B: Biological Sciences, 370*(1669), 20140114. https://doi.org/10.1098/rstb.2014.0114

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227–237. https://doi.org/10.1177/1745691614568352

Hsu, H. C., & Shyu, Y. I. (2003). Impacts of relocation on cognitive, psychological, and functional status among nursing home residents in Taiwan. *Journal of Nursing Research, 11*(2), 131–139. https://doi.org/10.1097/01.JNR.0000347620.46020.0E

HumanCare NY. (2025, May 2). *The role of spiritual care in geriatric case management*. https://www.humancareny.com/blog/the-role-of-spiritual-care-in-geriatric-case-management

Kane, R. A., Kling, K. C., Bershadsky, B., Kane, R. L., Giles, K., Degenholtz, H. B., … Cutler, L. J. (2017). Quality of life measures for nursing home residents. *The Journals of Gerontology: Series A, 72*(2), 161–167. https://doi.org/10.1093/gerona/glw208

Keyes, C. L. M. (2009). Atlanta: Brief description of the mental health continuum short form (MHC-SF). Available: http://www.sociology.emory.edu/ckeyes/.

King, L.A., Hicks, J.A., Krull, J.L., & Del Gaiso, A.K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology*, 90(1), 179–96.

Kim, E. S., & Park, N. (2017). The association between subjective well-being and longevity: A review of the literature. *Journal of Gerontology: Psychological Sciences, 72*(2), 245–255. https://doi.org/10.1093/geronb/gbw061

Kim, E. S., Delaney, S. W., & Kubzansky, L. D. (2022). Sense of purpose in life and subsequent physical, behavioral, and psychosocial health: An updated systematic review and meta-analysis. *Journal of Behavioral Medicine, 45*(1), 21–40. https://doi.org/10.1007/s10865-021-00266-3

Knorr, A., Podolin-Danner, N., Fuchshuber, J., Wenzl, M., Silani, G., & Unterrainer, H.-F. (2023). Development and validation of the Multidimensional Inventory for Religious/Spiritual Well-Being 18-item version (MI-RSWB-18). *Personality and Individual Differences, 209*, 112213. https://doi.org/10.1016/j.paid.2023.112213

Kumar, S., & Pradhan, M. (2020). Mental health and well-being of the elderly in India: Issues and challenges. *Indian Journal of Gerontology, 34*(1), 1–15.

Kwag, K. H., Martin, P., Russell, D., Franke, W., & Kohut, M. (2011). The impact of perceived stress, social support, and home-based physical activity on mental health among older adults. *International Journal of Aging & Human Development, 72*(2), 137–154. https://doi.org/10.2190/AG.72.2.c

Landeiro, F., Barrows, P., Nuttall Musson, E., Gray, A. M., & Leal, J. (2017). Reducing social isolation and loneliness in older people: A systematic review protocol. *BMJ Open*, 7(5), e013778. doi:10.1136/bmjopen-2016-013778

Lee, S. (2025, June 14). *Spirituality and aging: A mental health perspective*. Number Analytics. https://www.numberanalytics.com/blog/spirituality-and-aging-mental-health-perspective

Lotfizadeh, M., Abdollahi, F., Bahrami, N., & Shaghaghi, F. (2023). A study of stress, anxiety, and depression in nursing home residents and non-residents. *International Journal of Environmental & Health Sciences, 4*(2), 49–56. https://doi.org/10.34172/ijehs.2023.10

Luanaigh, C. Ó., & Lawlor, B. A. (2008). Loneliness and the health of older people. *International Journal of Geriatric Psychiatry, 23*(12), 1213–1221. https://doi.org/10.1002/gps.2054

Morete, M. C., Solano, J. P. C., Boff, M. S., Filho, W. J., & Ashmawi, H. A. (2018). Resilience, depression, and quality of life in elderly individuals with chronic pain followed up in an outpatient clinic in the city of São Paulo, Brazil. *Journal of pain research*, 2561-2566.

Priya, A., Chaturvedi, R., & Bansal, S. (2019). A comparative study of loneliness, depression and anxiety among elderly living in old age homes and with families. *International Journal of Public Health Research, 9*(2), 45–50.

Perlman, D., & Peplau, L. A. (1981). Toward a social psychology of loneliness. In S. Duck & R. Gilmour (Eds.), *Personal relationships in disorder* (pp. 31–56). Academic Press.

Prieto-Flores, M.-E., Fernandez-Mayoralas, G., Forjaz, M. J., & Rojo-Perez, F. (2011). Residential satisfaction, sense of belonging and loneliness among older adults living in the community and in care facilities. *European Journal of Ageing, 8*(4), 271–281. https://doi.org/10.1007/s10433-011-0206-7

Reker, G. T. (1992). *Manual of the Life Attitude Profile-Revised (LAP-R)*. Peterborough, ON: Student Psychologists Press.

Ren, K., Lan, J., Ge, L., & Zhou, L. (2025). The impact of intergenerational support on the mental health of older adults: A discussion of three dimensions of support. *Frontiers in Public Health, 13*, Article 1467463. https://doi.org/10.3389/fpubh.2025.1467463

Rodrigues, F. R., & Tavares, D. M. D. S. (2021). Resilience in elderly people: factors associated with sociodemographic and health conditions. *Revista Brasileira de Enfermagem*, *74*(suppl 2), e20200171. https://doi.org/10.1590/0034-7167-2020-0171

Rovio, S., Kåreholt, I., Helkala, E. L., Viitanen, M., Winblad, B., Tuomilehto, J., ... & Kivipelto, M. (2005). Leisure-time physical activity at midlife and the risk of dementia and Alzheimer's disease. *The Lancet Neurology*, *4*(11), 705-711.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. New York: Pantheon Books.

Saez-Sanz, N., Sanchez-Lara, E., Gonzalez-Perez, R., Caracuel, A., & Peralta-Ramirez, I. (2025). The psychological resilience of older adults is key to their independence in instrumental

activities of daily living and social participation. *Brain Sciences, 15*(4), 383. https://doi.org/10.3390/brainsci15040383

Siddiqui, A. T., Hasan, M. A., Abbas, K., Tariq, S. M., & Haider, S. A. (2019). Health related quality of life of home dwelling vs. Nursing facility dwelling elderly - a cross-sectional study from karachi, pakistan. Journal of Pakistan Medical Association, 69 (6), 892-895.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194–200. https://doi.org/10.1080/10705500802222972

Smetana, J. G. (2019). Aging, relationships, and well-being: The role of family and social support. *Annual Review of Developmental Psychology, 1*, 263–288. https://doi.org/10.1146/annurev-devpsych-121318-085123

Soni, A., & Lodha, R. S. (2024). A comparative study of quality of life of elderly living in old age homes and within family setup in Himachal Pradesh. *International Journal of Community Medicine and Public Health, 11*(7), 2656–2660. https://doi.org/10.18203/2394-6040.ijcmph20241819

Srivastava, R. (2020). Changing family systems and implications for elderly care in India. *Journal of Aging Studies, 54*, 100876. https://doi.org/10.1016/j.jaging.2020.100876

Steger, M.F. (2012). Experiencing meaning in life: optimal functioning at the nexus of spirituality, psychopathology, and wellbeing. In P.T.P Wong (Ed.), The human quest for meaning: Theories, research, and applications (pp. 165–84). Routledge

Stelcer, B., Bendowska, A., Karkowska, D., & Baum, E. (2023). Supporting elderly patients in strengthening their personal and spiritual health resources. *Frontiers in Psychology, 14*, 1237138. https://doi.org/10.3389/fpsyg.2023.1237138

Subramaniam, P., Woods, B., & Whitlatch, C. J. (2019). The meaning of "home" for people with dementia living in long-term care: A cross-national comparative study. *Aging & Mental Health, 23*(8), 1035–1042. https://doi.org/10.1080/13607863.2018.1461194

Susanto, D. H. D. (2024). Association of Loneliness, Social Isolation and Health Problems in the Elderly. *Jurnal Psikiatri Surabaya*, 13(S1). https://doi.org/10.20473/jps.v13is1.62654

Suwal, R. P., Upadhyay, B., & Chalise, H. N. (2024). Factors Associated with Anxiety and Depression among Elderly Living in Old Age Homes. Kathmandu Medical College Journal, 6(1). https://doi.org/10.3126/kmcj.v6i1.62348

Taylor, S. E. (2011). Social support: A review. In M. S. Friedman (Ed.), *The handbook of health psychology* (pp. 189–214). Oxford University Press.

The Supportive Care. (2025, July 18). How spiritual beliefs influence mental health treatment in seniors. https://www.thesupportivecare.com/blog/how-spiritual-beliefs-influence-mental-health-treatment-in-seniors

Unterrainer, H. F., Huber, H. P., Ladenhauf, K. H., Wallner-Liebmann, S. J., & Liebmann, P. M. (2010). MI-RSB 48: The development of a multidimensional inventory for religious and spiritual well-being. *Diagnostica, 56*(2), 82–93. https://doi.org/10.1026/0012-1924/a000001

Unterrainer, H. F., & Kapfhammer, H.-P. (2013). Religiös/Spirituelles Befinden bei psychisch Kranken II: Die Entwicklung einer Kurzskala und Vergleichswerte von klinisch-psychiatrischen Gruppen und gesunden Kontrollpersonen. *Neuropsychiatrie, 28*(2), 49–55. https://doi.org/10.1007/s40211-013-0083-5

United Nations Population Fund (UNFPA) & HelpAge India. (2012). Report on the status of elderly in select states of India, *2011*. New Delhi: UNFPA. Retrieved from https://india.unfpa.org

Van der Putten, A. A., Hobbelink, M. S., & van der Schans, C. P. (2020). Health status, resilience, and quality of life in older adults living in nursing homes versus community dwellings. *European Journal of Ageing, 17*(3), 321–331. https://doi.org/10.1007/s10433-019-00542-4

Verbeek, H., van Rossum, E., Zwakhalen, S. M. G., Kempen, G. I. J. M., & Hamers, J. P. H. (2016). Small, homelike care environments for older people with dementia: A literature review. *International Psychogeriatrics, 28*(8), 1243–1264. https://doi.org/10.1017/S1041610216000130

Victor, C. R., Sullivan, M. P., & Woodbridge, R. (2021). Loneliness in care homes: A neglected area of research? *Aging & Mental Health, 25*(7), 1252–1257. https://doi.org/10.1080/13607863.2020.1861210

Vos, J., Craig, M., & Cooper, M. (2019). Existential therapies: A systematic review of their effectiveness. *Journal of Consulting and Clinical Psychology, 87*(7), 631–645. https://doi.org/10.1037/ccp0000416

Ware, J. E. (1976). *Scales for measuring general health perceptions*. Health Services Research, 11(4), 396–415.

Wenger, G. C. (1997). Social networks and the prediction of elderly people at risk. *Aging & Society, 17*(1), 83–102. https://doi.org/10.1017/S0144686X97006223

Williams, Zachary & Himelstein, Robyn & Schiltz, Hillary & Gotham, Katherine. (2023). Scale of Loneliness (SoLo). 10.13140/RG.2.2.34985.98406.

World Health Organization. (2001). *Mental health: New understanding, new hope. World Health Report 2001*. https://www.who.int/publications/i/item/9241562107

World Health Organization. (2013). Mental health and older adults: Ensuring a rights-based and people-centred approach. Geneva: WHO.

World Health Organization. (2015). World report on ageing and health. Retrieved from https://www.who.int/ageing/events/world-report-2015-launch/en/

World Health Organization. (2017). Mental health of older adults. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

World Health Organization. (2021, October 4). *Ageing and health*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

Ye, B., Li, Y., Bao, Z., & Gao, J. (2024). Psychological resilience and frailty progression in older adults. *JAMA Network Open, 7*(11), e2447605. https://doi.org/10.1001/jamanetworkopen.2024.47605

Yongmei, H. (2024). Social Isolation of the Elderly: Current Status, Influencing Factors, and Countermeasures. Current Perspectives on Applied Social Science Research, 7. https://doi.org/10.9734/bpi/cpassr/v7/2882

Zafari, M., Sadeghipour Roudsari, M., Yarmohammadi, S., Jahangirimehr, A., & Marashi, T. (2023). Investigating the relationship between spiritual well-being, resilience, and depression: a cross-sectional study of the elderly. *Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society*, *23*(3), 442–449. https://doi.org/10.1111/psyg.12952

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2